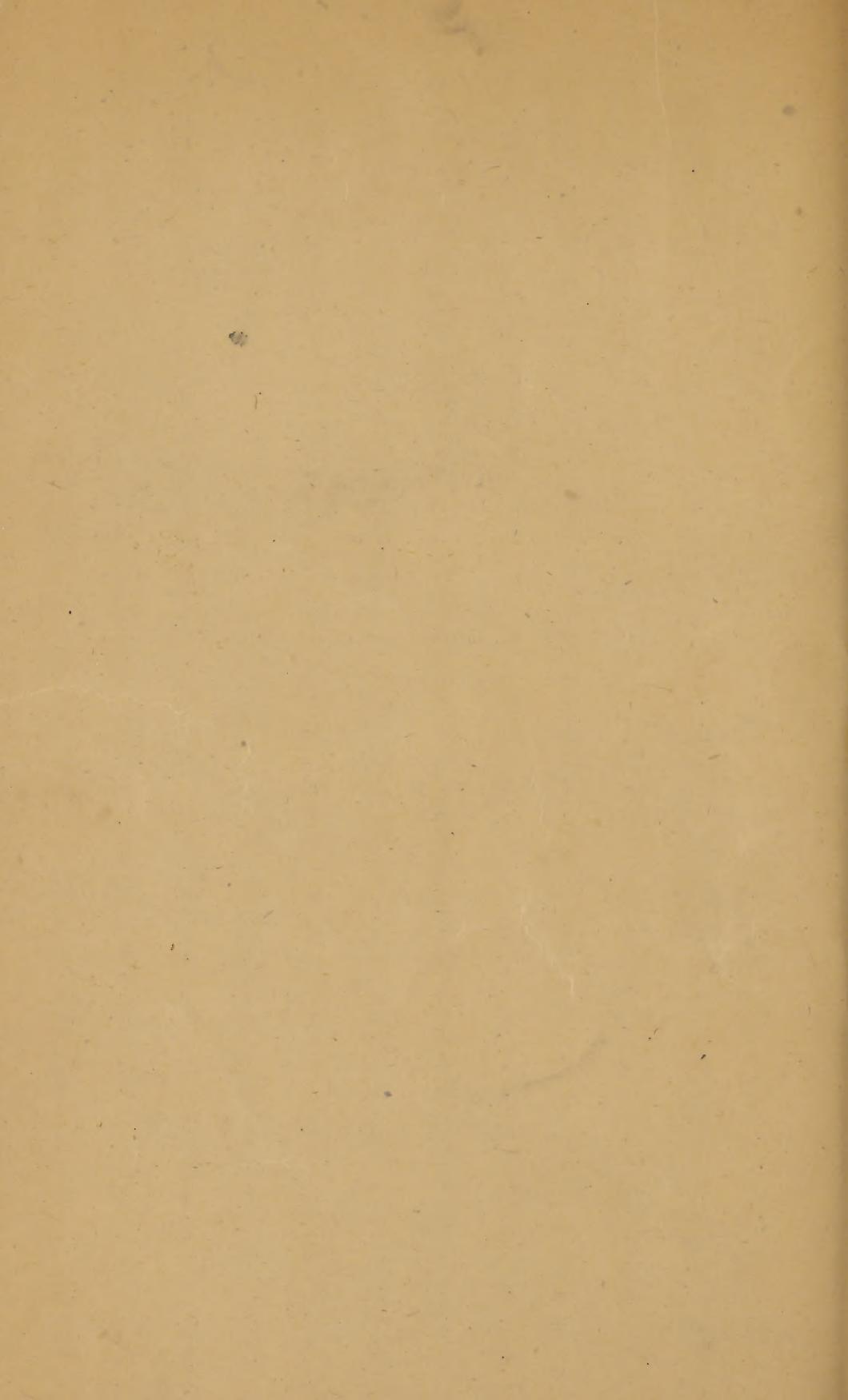


OHMANN-DUMESNIL.(A.H.)

multiple chance of the
hard palate





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MULTIPLE CHANCRE OF THE HARD PALATE*.

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Extragenital chancres are forms of the primary lesion of syphilis which always possess more than a passing interest. They are interesting not only on account of their location, but also in an etiological point of view. The chancre of the hard palate is one which is rather uncommon, and the number of cases observed is very small. These points will be considered after a brief recital of the case observed by me.

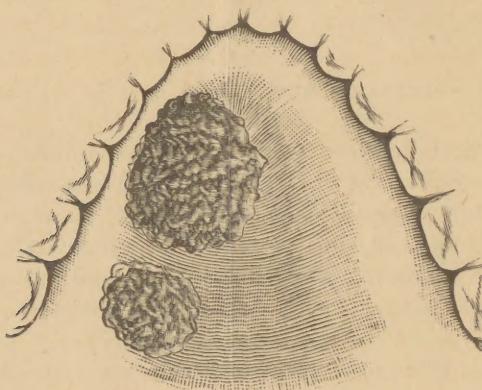
CASE.—H. W. G—, male, widower, aged 54, was referred to me on Sept. 23, 1887. Upon inquiry, the patient stated that he had always enjoyed good health, and that his parents had been healthy. On Sept. 1 some sores had appeared upon his hard palate, and had persisted, although they did not inconvenience him much. He did not remember how he had acquired them. He did remember, however, that he was in the habit of smoking a pipe, and that a number of young men, with whom he came in contact, frequently smoked the same pipe. About four or five weeks prior to the appearance of the sores he tore or scraped the mucous membrane of his hard palate with the mouthpiece of his pipe.

When seen by me a physical examination revealed two chancres of the hard palate, situated upon the right side, as shown in the engraving. The anterior chancre was nearly as large as a silver quarter dollar, with indurated and elevated borders, of a roundish shape and covered with a muco-purulent secretion. The edges of the chancre were distant one-eighth of an inch from the border of the gums. The other chancre, also roundish in shape, was about the size of a silver dime and posterior to the large one, a space of an eighth of

*Read to the Mississippi Valley Medical Association, Sept. 27, 1888.



an inch intervening between the two. It also was raised at its borders and covered with a secretion similar to that of the other. The ulcers were both superficial and had a foul smell. This latter may, however, have been due to the gums in part, at least, as they were in a bad condition as also the teeth. Upon examining the body, a well-marked erythematous syphilide was noted upon the chest.



The ganglionic involvement did not exist except in the submaxillary lymphatic glands. Here both sides were involved, but more markedly so on the right side. A suspicious gland beneath and behind the right ear also existed, but the induration was not sufficiently marked to be, in any degree, conclusive. There being no doubt of the nature of the case, the patient was ordered one-twelfth grain of bichloride of mercury, three times a day, in pill form.

On Nov. 18, the patient called again, complaining of frontal headache and fever. Upon examination he presented a well-marked squamous syphilide, involving both the trunk and extremities. In view of this, he was placed upon one-eighth grain of the bichloride four times daily, and soon began to mend. He was also enjoined to wash his teeth carefully after each meal. In spite of this he complained, some time after, of his teeth hurting him. His gums were soft and tender, and he was advised to discontinue the mercury. His physician reports that he has resumed and followed up the treatment, and the patient has had no more symptoms of the disease.

Such, in brief, is the record of the case, a bare outline of which has been merely sketched for the purpose of calling attention to two points, viz: The rarity of chancre of the hard palate, and the manner in which the initial lesions were contracted in the above case.

Before taking into consideration either of these points, however, I desire to state that the patient was subjected to a rigid examination to determine the presence of a chancre upon any other portion of the body. A careful search failed to reveal either the presence or the remains of a chancre, and the lesions of the palate appeared so typical and were accompanied by such conclusive symptoms that no reasonable doubt as to their true nature could exist.

In looking over the literature of the subject it is a notable fact that the majority of modern authors, while referring to the existence of extra-genital chancres, and more especially to unusual localities, fail to mention the hard palate, although they specify such sites as the buccal cavity, the tongue, the gums and the tonsils. The earliest mention of chancre of the palate which I can find is in Astruc¹. All authors are in accord on the one point that any region may be involved and mention the tonsils as the most common site in the pharyngo-buccal cavity. That chancre of the palate is a very infrequent, if not a rare condition, is amply proven by statistics. Robert states² that during his residence at the Hôpital du Midi he saw 188 extra-genital chancres, and upon examination of the details, it is found that not one involved the hard palate. Jullien has published a table quoted by Fox³, in which he records 1977 chancres. Of these 126 were extra-genital and two were of the hard palate. Another record, quoted by Bumstead and Taylor⁴, is of the Hôpital du Midi. In 471 cases of extra-genital chancres observed in men not one was of the hard palate, nor was such a case observed in 130 cases in women, observed at the Antiquaille Hospital of Lyons by Carrier. A record of 23 cases of extra-genital chancres is given by Peterson⁵, but not one case similar to the one

1 Astruc. *Traité des Maladies Vénériennes*, vol. I.

2 *Nouveau Traité des Maladies Vénériennes* par M. Robert.

3 *Photographic Illustrations of Cutaneous Syphilis*, by G. H. Fox, 1881.

4 *The Pathology and Treatment of Venereal Diseases*, by Bumstead and Taylor,

1883.

5 Vratsch, 1886, Nos. 23, 24.

under consideration is mentioned. M. Nivet⁶ has gathered the record of 595 cases of extra-genital chancres, and of this number three existed upon the palate in as many cases. A. Morel-Lavallée⁷ saw in Fournier's clinic, from Feb. 1, 1887, to Feb. 1, 1888, 48 extra-genital chancres in 45 patients. In all this number there was not one in whom the hard palate was implicated. Besides this a large number of isolated cases of extra-genital chancres, other than of the hard palate, are reported, and a rough estimate would show about 5 cases in 2,000. Of course, I do not pretend that this is a complete record, by any means, but when we consider the relative frequency of genital to extra-genital chancres, and the proportion between the latter and chancre of the hard palate, the rarity of the last immediately becomes apparent.

A word as to the manner in which the initial lesions were acquired. The statements of the patient in regard to the abrasion caused by the pipe were not elicited by any questions. That in regard to others using it was obtained by an interrogatory. The entire demeanor of the patient and his general appearance, as well as his reputation for honesty, were such as to dispel any faint suspicion that might have been entertained that he was addicted to vicious habits. The fact, also, that he did not have even the remotest suspicion of the trouble with which he was affected is corroborative evidence. There can be no doubt whatever of the possibility of the manner of inoculation mentioned. The probability is also strong in this case, at least as strong as in those cases of chancre of the lip, due to smoking a cigar, which cases have been accepted without a doubt being raised in regard to the manner in which inoculation occurred. Furthermore, the patient had not seen a dentist, nor had any instrument whatever been used in his oral cavity. On the whole, therefore, I think that I am justified in accepting the possibility that the inoculation occurred in the manner specified above.

6 De la fréquence relative des différentes variétés de chancres syphilitiques extra-génitaux Thèse de Paris, 1887.

7 Annales de Dermatologie et de Syphiligraphie, June, 1888.

